Best Available Copy

| PATENT APPLICATION FEE DETERMINATION RECORL  Effective October 1, 2001    Color   Colo |  |                                  |  |   |                              |                  |              |           |                        |                     |                |                        |
|--|--|----------------------------------|--|---|------------------------------|------------------|--------------|-----------|------------------------|---------------------|----------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |                                  |  |   |                              |                  | SMAL<br>TYPE | LEN       | VTITY                  | OR                  | OTHER          |                        |
| TOTAL CLAIMS   |  |                                  |  |   |                              |                  | RAT          | E         | FEE                    |                     | RATE           | FEE                    |
| FOR  |  |                                  | NUMBER FILED NUMBER  |   |                              | SER EXTRA        | BASIC        | BASIC FEE |                        | OR                  | BASIC FEE      | 840                    |
| TOTAL CHARGEABLE CLAIMS  |  |                                  | // minus 20= *   |   |                              |                  | X\$ 9        | X\$ 9=    |                        | OR                  | X\$18=         |                        |
| INDEPENDENT CLAIMS   |  |                                  | ) minus 3 = *  |   |                              |                  | X42          | X42=      |                        | OR                  | X84=           | ·                      |
| ML   | ILTIPLE DEPEN                                  | DENT CLAIM P                     | RESENT   |   |                              |                  | +140=        |           |                        | OR                  | +280=          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |                                  |  |   |                              |                  | TOTAL        |           |                        | TOTAL               | <b>\$</b> (1/) |                        |
| S/3/100 CLAIMS AS AMENDED - PART II  |  |                                  |  |   |                              |                  |              | ~\L       | <u> </u>               | OR                  | OTHER          | THAN                   |
| (Column 1) (Column 2) (Column 3  |  |                                  |  |   |                              | (Column 3)       | SMA          | LL        | ENTITY                 | OR                  | SMALL          | ENTITY                 |
| AMENDMENT A  |  | CLAIMS REMAINING AFTER AMENDMENT |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                              |                  | RAT          | E         | ADDI-<br>TIONAL<br>FEE |                     | RATE           | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 20                             | Minus  | <b>**</b> 2                                 | $\mathcal{Q}$                | = Ø              | X\$ 9        | =         | 1                      | OR                  | X\$18=         |                        |
|  | Independent                                    | * /                              | Minus  | ***   | 3                            | = Ø              | X42          | =         |                        | OR                  | X84=           |                        |
| <b>L</b>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |  |   |                              |                  |              | )=.       | /                      | OR                  | +280=          |                        |
|  |  |                                  |  |   |                              |                  |              |           | <i>\\\</i>             |                     | TOTAL          | /                      |
|  | (Column 1) (Column 2) (Column 3)               |                                  |  |   |                              |                  | ADDIT.       | FEE       |                        | <b>]</b> O          | ADDIT. FEE     | ·                      |
| AMENDMENT B  |  | CLAIMS REMAINING AFTER AMENDMENT | A STATE OF THE PERSON OF THE P | HIGH<br>NUM<br>PREVI                        | HEST<br>HBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RAT          | Ε         | ADDI-<br>TIONAL<br>FEE |                     | RATE           | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *                                | Minus  | **  |                              | е .              | X\$ 9        | =         |                        | OR                  | X\$18=         |                        |
|  | Independent                                    | •                                | Minus  | 400   |                              | -                | X42          | =         |                        | OR                  | X84=           |                        |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |  |   |                              |                  | +140         | )=        |                        | OR                  | +280=          |                        |
| TOTAL ADDIT. FEE   |  |                                  |  |   |                              |                  |              |           | OR                     | TOTAL<br>ADOIT, FEE |                |                        |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST  |  |                                  |  |   |                              |                  |              |           |                        |                     |                |                        |
| AMEND: TENT C  | 20 miles                                       | REMAINING<br>AFTER<br>AMENDMENT  |  | NU!:<br>PREVI                               | SER<br>OUSIN<br>FOR          | FRESCR!<br>EXTX- | BAT          |           | 7 70!-<br>15:<br>1:EE  |                     | , 12           | ADDI-<br>TICHAL<br>FEL |
|  | Total  |                                  | Minus  | d:A   |                              | =                | X\$ 9        | =         |                        | OR                  | X\$18=         |                        |
|  | Independent                                    | *                                | Minus  | ***   | TC O                         | -                | X42          | =         |                        | OR                  | X84=           |                        |
| 1  | FIRST PROPENTATION CONTINUE PROPERTY OF THE    |                                  |  |   |                              | ! ! . !          | ,            |           |                        | OR                  | +280=          | i . i                  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |                                  |  |   |                              |                  |              |           |                        |                     | TOTAL          |                        |
| ** if the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate bo  |  |                                  |  |   |                              |                  |              |           |                        | OR                  | ADDIT. FEE     |                        |
|  | The "Highest Nurr                              | nber Previously Pa               | io For (Total o  | ringepend                                   | seni) is th                  | e nignest number | IOURG IN IN  | a athl    | hrohiers no            | A 81 CO             | 10(IN) (,      |                        |